



HAZARDOUS AIR POLLUTANT ANNUAL EMISSIONS INVENTORY REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 19839 (12-05) (AP-317)

Name of Firm or Organization			Year of Emissions	
Mailing Address		City	State	Zip Code
Permit to Operate Number	Source Unit	Source Unit Description		
Amount of Material Processed (material used, etc.)				
Schedule of Operation:	Weeks/Year	Days/Week	Hours/Day	
Air Pollution Control Equipment				

HAZARDOUS AIR POLLUTANT EMISSIONS:

CHEMICAL EMITTED TO AIR	CAS NUMBER	EMISSIONS QUANTITY	
		LB/HR MAXIMUM	TONS PER YEAR

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	
Signature	Telephone Number	Date

Return completed form to: NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947
Telephone: (701)328-5188

Basis for quantities listed above; provide calculations (use additional sheets if necessary):